M08000001804

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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

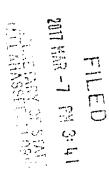
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: STS Francis or	nd Clone Parish, of the Ecumenical Calledia C	emounion Inc.
DOCUMENT NUMBER: NOT 0000 180	¥	
The enclosed Articles of Amendment and fee are submitted	ed for filing.	
Please return all correspondence concerning this matter to	the following:	
Foother Joseph C. Spi	ame of Contact Person)	,
	(Firm/ Company)	
1785 NW 39th Place	(Address)	
Dalland Park, FL 33	ity/ State and Zip Code)	
E-mail address: (to be used for	r future annual report notification)	
For further information concerning this matter, please call	l:	
	at	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payab	ole to the Florida Department of State:	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2017

FATHER JOSEPH SPINA 1785 NW 39 PLACE OAKLAND PARK, FL 33309

SUBJECT: STS. FRANCIS AND CLARE PARISH, OF THE ECUMENICAL

CATHOLIC COMMUNION, INC. Ref. Number: N08000001804

We have received your document for STS. FRANCIS AND CLARE PARISH, OF THE ECUMENICAL CATHOLIC COMMUNION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 817A00002583



February 21, 2017

FATHER JOSEPH SPINA 1785 NW 39 PLACE OAKLAND PARK, FL 33309

SUBJECT: STS. FRANCIS AND CLARE PARISH, OF THE ECUMENICAL

CATHOLIC COMMUNION, INC. Ref. Number: N08000001804

We have received your document for STS. FRANCIS AND CLARE PARISH, OF THE ECUMENICAL CATHOLIC COMMUNION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The new form that was filled out and sent back is for a Florida Profit Corporation. This corporation is a Non Profit Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 817A00002583

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Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) STS. Francis and Clare Parish, of the Ecumenical Catholic Communion, Inc. (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The Parish of Sts. Francis and Clare, Inc.

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: Father Joseph a. Spin, OSF 1785 NW 39th Place
(Florida Street address) New Registered Office Address: Oakland Park , Florida 33309 (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Altach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			-
Add			
Remove			
2) Change			- AMILIANA MARIANA
Add			
Remove			
3) Change		*****	
Add			
Remove			
4) Change			
Add	·		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Add Remove			
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date	this document was signed.		
Effe	ective date <u>if applicable</u> :		
		(no more than 90 day's after amendment file date)	
	e: If the date inserted in this blument's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will no epartment of State's records.	t be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
X	The amendment(s) was/were a was/were sufficient for approx	dopted by the members and the number of votes cast for the amendment(s) ral.	
	There are no members or men adopted by the board of direc	abers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
	Dated	3/2/17	
	Signature	Torque C. Souge OF	
	have not be	rman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
		Father Joseph Spina, OSF	
		(Typed or printed name of person signing)	
		effective secretary	
		(Title of person signing)	